

**SANTA CRUZ REGIONAL PARTNERSHIP COUNCIL
FUNDING PLAN**

July 1, 2009 – June 30, 2012

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

I. Regional Needs and Assets

While population growth from 2000 to 2006 for Santa Cruz was estimated to be 12%, the population growth rate of children ages birth through five was more than double that at 26%. The growth rate of Arizona as a whole was 23%. The region currently has over 5,000 children ages 0-5 years in need of early childhood development and health services.

In surveying the needs of children in this region, it is important to understand the distinctive nature of the environment that shapes children in their first five years of life. Santa Cruz County is Arizona's smallest county at 1,236 square miles. The total resident population is 39,840 of which 21,110 reside in the City of Nogales, the county seat. The Santa Cruz Region consists of the communities of Nogales, Rio Rico, Patagonia, Elgin, Sonoita, Amado, Tubac, Tumacacori and Carmen. There are strong cultural, religious and commercial ties between Nogales, Arizona and Nogales, Sonora, Mexico, which lies right across the border. Nogales and Rio Rico serve as one of the major gateways between U.S. and Mexico and are expected to grow in importance as NAFTA grows. Over 83% of the county's population and 92% of the Nogales residents report themselves as Spanish-speaking households with little English spoken at home. Of these numbers, more than 38% live below the national poverty level.

The fact that the vast majority of children and families in Santa Cruz Region are Hispanic makes the region notably different from the state as a whole. When examining births by racial/ethnic group in Santa Cruz County in 2006, the majority of births were among Hispanic/Latino women (93%). The Santa Cruz Region has about 50% more births to Hispanic mothers than the state as a whole. Growth in the Hispanic population in this region is outpacing that of the rest of the state. A high percent of these births are to teenage, often unwed, mothers. Teen parents are generally unprepared for the financial responsibilities and the emotional and psychological challenges of rearing children. Nogales (50%) and Rio Rico (37%) have the highest rates of teenage mothers for Santa Cruz County.

The 2000 US Census data reported that 38% of the population in this county was foreign-born. This is much higher than for Arizona as a whole, where 15% of the population was foreign-born. In Santa Cruz County, 17% of the population was reported to be naturalized citizens and 20% were reported not to have citizenship. National studies suggest that many non-citizen parents with eligible citizen children do not always take advantage of public programs for their citizen born children.

It is probable that the *majority* of children ages 0-5 in Santa Cruz County are being raised in households where Spanish is spoken at home. This has important implications for the region in terms of English language readiness for school and the role that early education centers play in

that preparedness. The low-income levels of the county are also a major factor affecting child development.

Families in Santa Cruz County are faced with many challenges: high poverty rates, low parental education attainment, language and cultural barriers, and low rates of home ownership. These indicators present barriers for families to accessing the limited early childhood services and resources available in their communities. Consequently, struggling families are not able to nurture the emotional, physical, and intellectual development of their children. Unemployment rates in the largest city, Nogales, were listed at 16% in 2003. The median family income in 2000 was \$32,278, significantly lower than the state average of \$46,723. Of the families with children under 5 years of age, 30% lived at or below the federal poverty level compared to the state average of 19%.

Educational challenges persist as children enter the K-12 school system. When children in the Santa Cruz Region enter school, they encounter an educational system that generally does not provide an adequate transition from their primary language (Spanish) into the English language. In fact, Nogales Unified School District statistics show a poor performance overall with less than half of the students meeting or exceeding the Arizona state standards as measured by AIMS in reading and just over half meeting or exceeding the mathematics standards.

One of the major concerns of the Regional Council following the needs and assets survey was the availability of early care and education programs. They are far less available than what one might expect given the region's population. Informal home care by grandparents and other related individuals is the predominant source of child care in Santa Cruz County. This situation is driven by the lack of affordable and accessible child care centers in the region. The cost of care is often unaffordable for families, especially those at the lowest income levels. Family decisions around early care and education options are determined more by financial concerns, rather than concerns about quality. Only 19 licensed or certified child care settings currently exist in the region, including 4 Head Start programs, 4 school district preschools and 1 family child care home. Another major concern is the lack of preparation of the local early childhood education teachers who teach them English.

A specific challenge for this region related to child health is inadequate health and screening services, particularly the lack of speech, physical, and occupational therapists. Special Education training for local teachers is also a clear deficit, since teachers can only receive this training in Tucson or Phoenix. Outreach and education for parents on developmental milestones for their children is not available in the region.

With so many daunting deficits in the early childhood care system, the challenge facing the Santa Cruz Regional Partnership Council is to determine the most critical areas and concentrate resources on them. In so doing, we seek to change a deficit into an asset and catalyze the transformation of the entire system.

The Santa Cruz Regional Partnership Council has undertaken a strategic planning process by holding several working groups to increase the Regional Council's understanding of existing local resources and identify the needs that are most pressing. Based upon the needs and assets

of the region, the Regional Partnership Council has prioritized the following needs which it will address in the next three year period:

1. Limited access to quality early care and education
2. Limited access to parent education and information
3. Limited access to oral health screenings
4. Limited access to a skilled and well-prepared childhood development workforce
5. Need to recruit and retain a well-prepared early childhood development workforce
6. Lack of communication, education and awareness about the importance of early childhood development to targeted population

II. Prioritized Goals and Key Measures

After careful consideration, the Santa Cruz Regional Partnership Council's priorities (listed in order of importance) for funding are as follows:

Need: Limited access to quality early care and education (Quality and Access)

Lead Goal #1: FTF will improve access to quality early care and education programs and settings.

Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

- Number and percentage of early care and education centers with access to a Child Care Health Consultant

Need: Limited access to parent education and information (Family Support)

Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures:

- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being
- Ratio of children referred and found eligible for early intervention

Need: Limited access to oral health screenings (Health)

Goal #7: FTF will advocate for timely and adequate services for children identified through early screening.

Key Measures:

- The number and percentage of children receiving appropriate and timely oral health visits
- Total number and percentage of oral health care providers utilizing a dental home model

Need: Limited access to a skilled and well-prepared childhood development workforce
(Professional Development)

Goal #8: FTF will build a skilled and well prepared early childhood development workforce.

Key Measures:

- Total number and percentage of professionals working in early childhood development settings with a credential, certificate or degree in early childhood development
- Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree

Need: Recruit and retain well-prepared early childhood development workforce (Professional Development)

Goal #8: FTF will build a skilled and well prepared childhood development workforce.

Goal #10: FTF will enhance specialized skills of the early childhood development and health workforce to promote healthy social-emotional development of young children.

Key Measures:

- Total number and percentage of professionals who work with young children, outside of early care and education, who are working towards their master's degree in Speech, Occupational, Physical Therapy and other appropriate areas of child health development

Need: Lack of communication, education and awareness about the importance of early childhood development to targeted populations

Goal #15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

Key Measures:

- Percentage of Arizonans who identified themselves as strong supporters of early childhood and health matters
- Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

III. Strategy Selection

The proposed strategies build on the foundational strategic planning of the Regional Council. These strategies will guide their efforts in the initial stage of improving services to families and children. These improvements are designed to be part of a larger strategic plan, which, in coming years, will increase the coordination, communications, and efficiency of our early childhood system.

The Santa Cruz Regional Partnership Council will engage other stakeholders and partners to plan for, initiate and evaluate, the implementation of the strategies toward the goals and key measures. The Regional Council will continue the strategic planning process for the next two years. They will develop further understanding of local conditions and establish a baseline of data in order to track outputs and outcomes that improve conditions for children. The Regional Council has committed to continue in this ongoing planning and improvement process with Cochise Community College, the Nogales Unified School District, the University of Arizona, child care providers, business owners, parents and others.

| Identified Need | Goal | Key Measure(s) | Strategy |
|--|---|---|--|
| Limited access to quality early care and education | Lead Goal: (1) FTF will improve access to quality early care and education programs and settings. | -Number and percentage of early care and education centers with access to a Child Care Health Consultant | Expand Child Care Health Consultation |
| Limited access to parent education and information | Lead Goal: (11) FTF will coordinate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development. Goal: Coordinate resources to provide parents with additional parenting tools Goal: FTF will enhance the parents' knowledge about social and | -Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health -Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being -Ratio of children referred and found eligible for early intervention | Collaborate with existing regional paraprofessional <i>promotora</i> program model to expand services that provide education, support and information for families and family child care providers, with a focus on increasing language and literacy development |

Santa Cruz Regional Partnership Council
REGIONAL COUNCIL 2010 Allocation: \$913,861

| | | | |
|--|--|---|--|
| | <p>emotional development of their children</p> <p>Goal: FTF will increase availability, quality and diversity of relevant resources that support language and literacy</p> | | |
| Limited Access to Oral Health Screenings | Lead Goal: (7) FTF will advocate for timely and adequate services for children identified through early screening. | <p>-Total number and percentage of children receiving appropriate and timely oral health visits</p> <p>-Total number and percentage of oral health care providers utilizing a dental home model</p> | Increase children's access to preventative dental health care by implementing an early childhood oral health program consisting of parent and staff education, oral screenings and referrals and increased exposure to fluoride for prevention of dental decay (fluoride varnish and tooth brushing program) |
| Limited access to a skilled and well-prepared childhood development workforce | Lead Goal: (8) FTF will build a skilled and well prepared early childhood development workforce | <p>-Total number and percentage of professionals working in early childhood development settings with a credential, certificate or degree in early childhood development</p> <p>-Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree</p> | Expand access to TEACH Early Childhood Arizona |
| Recruit and retain a skilled and well prepared early childhood development workforce | <p>Lead Goal: (8) FTF will build a skilled and well prepared childhood development workforce</p> <p>Goal: (10) FTF will enhance specialized skills of the early childhood development and health workforce to promote healthy social-emotional development of young children</p> | -Total number and percentage of professionals who work with young children, outside of early care and education, who are working towards their master's degree in Speech, OT, PT and other appropriate areas of child health development | Establish a scholarship fund in order to recruit students from the fields of Speech/Language, Occupational, and Physical Therapy with a three year service obligation to the Santa Cruz Region |

Santa Cruz Regional Partnership Council
REGIONAL COUNCIL 2010 Allocation: \$913,861

| | | | |
|--|--|---|--|
| Recruit and retain a skilled and well prepared early childhood development workforce | Lead Goal: (8) FTF will build a skilled and well prepared childhood development workforce | -Total number and percentage of professionals working in early childhood development who are pursuing a credential or degree | Expand access to early childhood courses for teen parents and high school students |
| Lack of communication, education and awareness about the importance of early childhood development to targeted populations | Lead Goal: (15) FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona. | <p>-Percentage of Arizonans who identified themselves as strong supporters of early childhood and health matters</p> <p>-Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts</p> | Working in partnership with other Regional Partnership Councils and FTF Board, implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities |

Strategy Worksheets

Strategy #1:

Expand Child Care Health Consultation

The Child Care Health Consultant will assist providers not participating in Quality First! to ensure that children, families, and providers receive health services as needed. Based on data from the regional strategic planning process, children in Santa Cruz have many health-related needs. Chief among these is the need for comprehensive information and support to address root behaviors that cause a variety of health problems among young children. According to research conducted by FTF, there are numerous outcome studies and publications that validate the impact of child care health consultation on early care and education programs. The Santa Cruz Regional Partnership Council recommends this strategy because of its comprehensive nature in addressing numerous aspects of children's health, safety, and development.

A Child Care Health Consultant (CCHC) is a health professional with specialized knowledge of early childhood development, child care and child care regulation, community health and social services. In addition to their professional credentials as nurses or other health professionals, Child Care Health Consultants receive 60 hours of instruction on:

- Health consultation skills
- Quality in early child care programs and how to measure quality
- Caring for children with special needs
- Infectious diseases and caring for children who are ill or temporarily disabled
- Injury prevention in the child care setting
- Oral health in the child care setting
- Mental health; supporting social and emotional development in the child care setting
- Nutrition and physical activity in the child care setting
- Skill building to work with child care providers and families

CCHCs assist early care providers in achieving high standards related to health and safety of the children cared for daily in early care and education settings.¹ CCHCs offer periodic, consistent monitoring visits and consultation as well as responding to emergent requests to provide assistance regarding the health of a specific child in care.

CCHCs also provide expert information and consultation on working and communicating with families of children enrolled in early care and education programs and provides referral and follow-up for needed community based services.

This strategy will not only improve access to health information for children and families, but will also provide much-needed support to early care and education providers. The Santa Cruz

Regional Partnership Council will build on this statewide strategy by allocating funds for an additional Child Care Health Consultant to serve early care and education settings within the region. This additional consultant will serve providers that are not participating in *Quality First!* to ensure that as many children, families, and providers receive these critical services as possible.

¹ Ramler, M., Nakatsukasa-Ono, W., Loe, C., Harris, K., (2006). *The Influence of Child Care Health Consultants in Promoting Children's Health and Well-Being: A Report on Selected Resources*, Educational Development Center, Newton, Ma.

Lead Goal: FTF will improve access to quality early care and education programs and settings.

Key Measures:

1. Number and percentage of early care and education centers with access to a Child Care Health Consultant

Target Population:

FY10: 30 Early care and education providers within the Santa Cruz Region

| Proposed Service Numbers | SFY2010 | SFY2011 | SFY2012 |
|--------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | July 1, 2009 – June 30, 2010 | July 1, 2010 – June 30, 2011 | July 1, 2011 - June 30, 2012 |
| | 30 early care and education providers | 30 early care and education providers | 30 early care and education providers |

Performance Measures SFY 2010-2012:

1. Increase in # of early care and education providers with access to a Child Care Health Consultant / 30 proposed providers over a three year period

- How is this strategy building on the service network that currently exists:

This strategy builds on the infrastructure that will exist because it is being implemented statewide for centers and homes participating in Quality First! Santa Cruz will support an additional consultant to serve in the region beyond those receiving services through Quality First! so that they too can benefit from these support services as a first step toward the quality goal. The consultant would serve as a central point of referral and consultation for 30 child care centers or homes for three years. The consultant will help homes become certified and licensed to participate in Quality First! in the future.

- What are the opportunities for collaboration and alignment:

This strategy aligns with the statewide initiative since it will utilize the infrastructure for Child Care Health Consultants. Additionally, this strategy builds on the work that a variety of agencies already provide through home visitation which is the closest model to Child Care

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|--|-----------|
| Health Consultant currently in existence in this region. | |
| SFY2010 Expenditure Plan for Proposed Strategy | |
| Population-based Allocation for proposed strategy | \$100,000 |

| | |
|--|--|
| Budget Justification: | |
| The Santa Cruz Regional Partnership Council has designated funds to support one consultant, based on the estimated cost of <u>\$100,000</u> provided by FTF. | |

Strategy #2:

Collaborate with existing regional paraprofessional “*promotora*” program model to expand services that provide education, support and information for families and family child care providers, with a focus on increasing language and literacy development.

The Needs and Assets survey conducted in Santa Cruz Region demonstrates that the majority of children birth through age five are being raised in households where Spanish is the language spoken at home and in child care. This has important implications: many children entering school are not prepared to interact, understand and participate in a classroom even in their primary language. This could be due to decreased parent interaction in either the primary or secondary language of the children or decreased opportunities for exposure to a print-rich environment in the home or elsewhere. The Santa Cruz Regional Partnership Council wants to use the paraprofessional *promotora* model to expand much needed services and education to families around early childhood development and education.

In a Kellogg Foundation funded study on the use of *promotoras*, here called Community Health Workers (CHW) the study finds that: “...CHWs have the potential to intervene on behalf of the communities they serve in several essential ways. CHWs offer culturally appropriate, economically sound services that are directly relevant to the health care and social service needs of their community members. By placing their “ears to the ground,” CHWs are able to connect community members to appropriate health care providers, promote preventive health care measures, provide education about early signs and symptoms of disease, offer supportive shoulders to lean on, and thereby help to reduce health and social disparities among population groups. *Promotoras* are often members of disenfranchised populations themselves and this work provides the opportunity for them to “give back” to their own communities, while educating and empowering themselves.”

Promotoras will provide parents with age appropriate literacy kits to be used with their children as developed by a State agency. These literacy kits have been successfully used with parents in the Nogales Unified School District as part of a lending library but the number is limited. The Santa Cruz Regional Partnership Council would like to expand the availability of these kits throughout the region via the *promotoras*. FTF Parent Kits will also be purchased and made available for the *promotoras* to take with them to the home visits for lending to families as needed. Because of the cultural traditions and expectations of this border community and because language is one issue that surfaced time and time again during the needs assessment, the paraprofessional *promotora* model will be delivered in a culturally appropriate way that families are more likely to accept.

Currently there are approximately 30 *promotoras* providing various services in the region. The Regional Partnership Council proposes adding 10 more *promotoras* to the Santa Cruz Region with specific assignments to work with children and families birth to age five. The new *promotoras* will work with families to increase education, provide information about early childhood development and health and assist parents in supporting emerging language and literacy skills for their young children. Parents in the region typically respond to a more relationship-based approach to education and information. The *promotora* home-visiting and instruction model has proven successful in the Santa Cruz Region, especially for new and teen parents. The *promotora* program is currently made up of women who live in the communities where they serve and reflect the socioeconomic and cultural attributes of their neighbors. These paraprofessionals in the Santa Cruz Region are currently women between the ages of 18 and 60+. The *promotora* is a provider for outreach education and is the referral and advocacy service for their community.

In order for *promotoras* to perform these responsibilities safely and competently, they must receive sufficient orientation, training and information about the program content that they deliver. To provide the training necessary for the new *promotoras*, a part-time Master's level professional coach will be engaged. They will have a background in early childhood development and literacy and will be contracted with to provide the specific training necessary before the *promotoras* begin their community outreach services. *Promotoras* complete an orientation and core training before initiating any client outreach or home visits. In addition to the above trainings, "site-specific" training is geared to the special needs of the *promotoras*, neighborhood and community.

In order to facilitate the work of the *promotoras*; supplies; mileage, literacy and FTF Parent Kits will be made available as part of their "tool box". The media and promotional materials will be designed and produced by the paraprofessionals themselves in order to make these outreach materials not only relevant but culturally appropriate. They will provide the text and suggestions for the best way to present promotional materials in print, radio and newspaper. Infomercials, Public Service Announcements will be produced at the grass roots level to do effective outreach to families in the region. The promotional materials and media efforts will complement the *promotora's* in-home visits and educational work. These efforts will align with the statewide communications plan to make sure there is a unified message.

The paraprofessional *promotora* model is essentially a culturally-appropriate "twist" on home visiting which is a proven strategy for delivering or improving access to early intervention services that can help at-risk families become healthier and more self-sufficient. "Evaluations have demonstrated such services are particularly useful when families both face barriers to needed services and are at risk of poor outcomes such as low birth weight, child abuse, neglect, school failure and welfare dependency."²

²Community Health Workers and Community Voices. National Center for Primary Care at Morehouse School of Medicine, 2004. GAO, 1990

Lead Goal: FTF will coordinate with existing education and information systems to expand families' access to high quality diverse and relevant information and resources to support their child's optimal development.

Goal: Coordinate resources to provide parents with additional parenting tools

Goal: FTF will enhance the parents' knowledge about social and emotional development of their children

Goal: FTF will increase availability, quality and diversity of relevant resources that support language and literacy

Key Measures:

1. Percentage of families with children, birth through age five, who report they are satisfied with the accessibility of information and resources on child development and health
2. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being
3. Ratio of children referred and found eligible for early intervention language and literacy rich home environment

Target Population:

FY10: Families with children, birth through age five, in the Santa Cruz Region with a focus on teen mothers and new parents.

| | SFY2010 | SFY2011 | SFY2012 |
|---------------------------------|---|---|---|
| | July 1, 2009 – June 30, 2010 | July 1, 2010 – June 30, 2011 | July 1, 2011 - June 30, 2012 |
| Proposed Service Numbers | 200 homes | 200 homes | 200 homes |

Performance Measures SFY 2010-2012:

| | |
|--|------------|
| <p>1. # of families with children birth-age 5 with access to a <i>promotora</i> /600 total families over the course of three years (# of teen mothers and # new parents visited)</p> <p>2. # of <i>promotora</i> visits over first year</p> <p>3. # of parent kits and/or literacy kits lent and for what time period</p> | |
| <p>• How is this strategy building on the service network that currently exists:</p> <p>This strategy builds on the infrastructure that exists in the Santa Cruz Region. Santa Cruz will build on the <i>promotora</i> model by supporting an additional 10 <i>promotoras</i> to serve in the region. 200 new homes will be participating each year for a total of 600 homes by the end of the third year.</p> | |
| <p>• What are the opportunities for collaboration and alignment:</p> <p>This strategy aligns with the existing regional <i>promotora</i> infrastructure for family outreach and education. Additionally, this strategy builds on the work that a variety of agencies already provide in parent support and language and literacy development through home visitation.</p> | |
| SFY2010 Expenditure Plan for Proposed Strategy | |
| Population-based Allocation for proposed strategy | \$ 336,600 |
| <p>Budget Justification:</p> <p>The Santa Cruz Regional Partnership Council has designated funds to support 10 paraprofessionals and one coach/trainer on early childhood development and literacy for <i>promotoras</i> and operating costs at \$1,683 per family X 200 families = <u>\$336,600</u></p> <p>It is worth noting that this model provides a greater return for lower cost due to the fact that the paraprofessionals are community workers without a higher educational degree and therefore receive a lower salary. The going rate for community health workers is \$8.00 an hour plus benefits. The <i>promotora</i> model offers a win-win proposition for communities wanting to provide an affordable and culturally appropriate in-home visiting program that promises positive results in this region given the cultural appropriateness of this model.</p> <p>(These numbers were researched in the region for comparable outreach programs employing <i>promotoros</i> and their trainer/coach.)</p> | |

Strategy #3:

Increase children's access to preventative dental health care by implementing an early childhood oral health program. The program would consist of parent and staff education, oral screenings and referrals and increased exposure to fluoride for prevention of dental decay (fluoride varnish and tooth brushing programs).

Tooth decay is the single most common chronic infectious disease of childhood, five times more common than asthma. Low income and minority children have more untreated decay and visit the dentist less frequently. Oral disease is progressive and cumulative and if left untreated can lead to needless pain and suffering. Additional negative outcomes include difficulty in speaking, chewing and swallowing; missed school days, increased cost of eventual care; and the risk of other systemic health problems due to poor nutrition. Connections are emerging between the condition of the mouth and diabetes, heart disease, and preterm, low-weight births. Almost 9% of Arizona's kindergarten children have urgent dental care needs and 35% have untreated tooth decay. There are many children in Santa Cruz County under the age of 5 who have untreated dental decay and pre-cavities. This strategy would provide outreach and training to general dentists toward seeing young children. The purpose is to increase the pool of dentists willing to see children starting at age 1 and outreach to pediatricians and general practitioners on guiding parents to have oral screenings for their children beginning at one year.

The Santa Cruz Regional Partnership Council wants to increase dental health outreach and

screenings as well as begin to collaborate with local dentists, pediatricians, and oral hygienists to conduct a series of oral screenings sponsored by local dentists with FTF resources. The outreach and promotion of these screenings by local dentists to families with children under the age of five would be done by *promotoras* during their home visiting. This strategy encourages local dentists to conduct free screenings in exchange for promotion of their services to families in the region. This could be done through a sponsorship contract between the agency providing the coordination and promotion of screenings and the local pediatricians, dentists and oral hygienist. The agreement would simply be an exchange of services and promotional opportunities for professionals plus education and screenings to benefit the population under age five in this region.

Example: Dental Screening One Year Sponsorship Agreement would look like this:

X Agency Provides:

- Promotional flyers using the *promotoras* when they enter homes with children 0-5
- A flyer prominently displaying the dentist's name and address where screenings are to be held
- Radio and newspaper, school newsletter displaying the Dentist/Pediatrician/Hygienist name and address on promotional flyer
- The cover cost for hourly rate for hygienists to conduct the fluoride varnish application
- The cover cost of promotional tooth brushes for children
- The cover costs for educational brochures for parents to make them aware of the importance of oral visits by age 1

(2) Dentist/(2)Pediatrician/(1)Hygienist Provide:

- One event one weekend per month for one year to conduct oral screenings and fluoride varnish to 2,000 children
- 12 dental screenings, free of cost, to 2,000 children under five years of age
- Location and tools to conduct dental screenings and fluoride application
- 12 workshops to educate parents on the importance of tooth brushing and oral health

The above is an example of how collaborations can be negotiated at a lower cost to both parties providing the education, screenings, and promotional events to create awareness about oral health for families in the Santa Cruz Region. The strategy will enlist the services and collaborations of 5 health care providers as stated in the above example. Two dentists, two pediatricians, and one hygienist would be the team providing the professional services and education to families at the screening events.

The Santa Cruz Regional Partnership Council desires that this strategy to be connected as much as possible with the *promotora* model which has promising results for this region. The *promotoras* would be the culturally appropriate way to conduct outreach for this strategy. Additionally, this strategy would be added to the promotional and educational curriculum for the *promotora* training to ensure oral health is part of the work and education they conduct

| with the families whom they serve. | | | |
|---|--|--|--|
| Lead Goal: FTF will advocate for timely and adequate services for children identified through early screening. | | | |
| Key Measures: <ol style="list-style-type: none"> 1. Total number and percentage of children receiving appropriate and timely oral health visits 2. Number and percentage of oral health care providers utilizing a dental home model | | | |
| Target Population: <p>FY10: All children birth through five years of age in the Santa Cruz Region. Outreach would target parents, child care providers, dentists and health care providers.</p> | | | |
| Proposed Service Numbers | SFY2010 July 1, 2009 – June 30, 2010 | SFY2011 July 1, 2010 – June 30, 2011 | SFY2012 July 1, 2011 – June 30, 2012 |
| | 2000 children/ 5 health care providers | 2000 children/ 5 health care providers | 2000 children/ 5 health care providers |
| Performance Measures SFY 2010-2012: <ol style="list-style-type: none"> 1. Increased in # and % of children receiving appropriate and timely oral health screenings/proposed service #2,000 children, 0-5 2. Total # and % of children receiving fluoride varnish treatment/proposed service # 3. Total # of child care settings implementing tooth brushing programs/proposed service # | | | |
| <ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>This strategy builds on a current early childhood oral health program based on prevention and early intervention. This strategy proposes using existing points of contacts such as child care centers, dental offices and clinics to increase children's access to oral health services.</p> | | | |
| <ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>This strategy would connect with existing providers as a point of contact for families with young children. The paraprofessional home visiting strategy in parent support for the Santa Cruz region would be the referral point to support dental education and resources for infants and toddlers.</p> | | | |

| SFY2010 Expenditure Plan for Proposed Strategy | | | | |
|--|-----------|-----------|-----------------|---|
| Population-based Allocation for proposed strategy | | | \$ 74,800 | |
| Budget Justification: | | | | |
| Activity | Service # | Unit cost | Total cost | Description |
| Oral screening, fluoride varnish 2X per yr., toothbrush, referrals as needed | 2000 | \$30 | <u>\$60,000</u> | 2000 children estimate includes screening and fluoride varnish supplies, staff time, tooth brushing supplies, protocol training. |
| Outreach materials | | \$3,000 | <u>\$3,000</u> | State OOH education materials. The ADHS Office of Oral Health developed brochures for parents and a postcard that was mailed to dental offices to make them aware of the visit by age 1 yr. |
| Staff Time-dental ambassador 100 x \$50 per hr | 100 | \$50 | <u>\$5,000</u> | Dental hygienist to encourage dental offices to see infants & toddlers, offer CEUs |
| Subtotal | | | \$68,000 | |
| Admin overhead, travel, evaluation, other misc. | 10% | \$63,000 | <u>\$6,800</u> | 10% of the total award |
| TOTAL | | | \$74,800 | |

Strategy #4:

Expand access to TEACH Early Childhood Arizona

The Santa Cruz Regional Partnership Council recognizes the need to support the development of the early care and education workforce. The key to quality child care is linked to the education and the stability of the early childhood workforce. The preparation and ongoing professional development of early educators is a fundamental component of a high quality learning system. There is an extensive body of research showing that the education and training of teachers and administrators is strongly related to early childhood program quality and that quality predicts development outcomes for children.

Programs enrolled in Quality FIRST! will have access to TEACH Early Childhood Arizona.

The Regional Partnership Council wants to expand TEACH to those programs not yet enrolled in Quality FIRST!

Benefits to children: higher quality, stable and more capable professionals; improved care and services; better developmental outcomes for children.

Benefits to families: early childhood professionals who remain with their programs and continuously advance their skills and knowledge are better able to build relationships with children and families and to foster growth and development.

Benefits to programs and staff: support and financial assistance for ongoing professional development and educational pathways for staff leading to higher staff quality and better retention.

The Regional Partnership Council recognizes and supports all four elements of the scholarship program:

1) Scholarship – The scholarship usually covers partial costs for tuition and books or assessment fees. Many scholarships require the recipient receive paid release time and travel stipend.

2) Education – In return for receiving a scholarship, each participant must complete a certain amount of education, usually in the form of college coursework, during a prescribed contract period.

3) Compensation – At the end of their contract, after completing their educational requirement participants are eligible to receive increased compensation in the form of a bonus (ranging from \$100 to \$700) or a raise (4% or 5%). Arizona will establish the formulas for each.

4) Commitment – participants then must honor their commitment to stay in their child care programs or the field for six months to a year, depending on the scholarship program that Arizona designs.

Lead Goal: FTF will build a skilled and well prepared childhood development workforce

Key Measures:

1. Total number and percentage of professionals working in early childhood development settings with a credential, certificate or degree in early childhood development
2. Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree

Target Population :

| | | | |
|--|---|---|---|
| FY10: This strategy would be implemented throughout the Santa Cruz region targeting the existing child care workforce. | | | |
| Proposed Service Numbers | SFY2010 July 1, 2009 – June 30, 2010 | SFY2011 July 1, 2010 – June 30, 2011 | SFY2012 July 1, 2011 - June 30, 2012 |
| | 20 early care and education providers | 20 early care and education providers | 20 early care and education providers |
| Performance Measures SFY 2010-2012: <ol style="list-style-type: none"> 1. # of professionals pursuing degree in early childhood/actual service # 2. # of college credits held by professionals/proposed service numbers 3. # of college credits held by professionals/actual service numbers | | | |
| <ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists? <p>This strategy capitalizes on TEACH Early Childhood Arizona. TEACH is a strategy benefiting children, families and programs by addressing workforce under-education which negatively impacts the quality of early care and education. The Regional Council is building on the infrastructure elements established by FTF Board with Quality First! and TEACH to improve the quality of early care and education in the Santa Cruz Region.</p> | | | |
| <ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment? <p>The TEACH Early Childhood Arizona program will provide the system infrastructure to implement this strategy including an administrative home, payment system, model agreements with colleges/universities, and evaluation. Regional Partnership Council participation with the administrative agent will provide the financing for additional scholarships and focusing scholarships to meet our specific regional needs.</p> <p>The Santa Cruz Council committee addressing professional development has initiated discussions with regional community college extensions about increasing appropriate coursework, beginning specialized curriculum and delivery of courses through cohorts, distance learning opportunities, and providing coursework “in the field” at locations available to our early care and education professional. The Council will continue these preliminary discussions as funding is approved.</p> | | | |
| SFY2010 Expenditure Plan for Proposed Strategy | | | |
| Population-based Allocation for proposed strategy | | \$ 129,000 | |

Budget Justification:

Santa Cruz Regional Partnership Council costs for 20 participants,

Full year participation \$1,600 per semester X 3 “semesters” fall, spring, summer = \$4,800 X 20 scholarships = \$96,000

Transportation stipend of \$100 month or \$1,200 per student = \$24,000

When the Santa Cruz Regional Partnership Council reviewed the TEACH budget, the council determined it was necessary to provide additional supports to the scholars and early care and education settings which include an additional reimbursement for travel as this is a rural region and paying for the cost of the release time for the scholars would require having a 4 hrs/wk while enrolled in courses = \$9,000

Strategy #5:

Establish a scholarship fund in order to recruit students from the fields of Speech/Language, Occupational, and Physical Therapy with a three year service obligation to the Santa Cruz Region.

Based on the evidence at the state and regional levels on the shortage of therapists to provide services to children in Santa Cruz Region, the Santa Cruz Regional Partnership Council seeks to create a unique arrangement with a university to oversee a scholarship fund for scholars who will potentially be providing therapy services to children birth through age five. Universities could contract with FTF to oversee scholarships that would permit paying for a training grant thus waiving any out-of-state tuition and securing an agreement with the student to serve the community for three years (3 years tuition=3 years service).

Early intervention can produce long range savings in remedial services; however, there are few therapists with the appropriate education and training to address appropriately the needs of the very young child, at a time when intervention can have the greatest impact. There is a critical national shortage of specialists of all types and that trend is even more evident in the Santa Cruz Region. Small and rural communities have an ever more difficult time getting specialized services for children with special needs than the larger metropolitan areas. This strategy is intended to provide an incentive, through grants for tuition scholarships, for potential Speech, Occupational, and/or Physical Therapists to complete their internship in a setting working with children birth to age five with added emphasis on serving in a rural area through a three year service commitment in this area. Special consideration would be given to students who are bilingual (English/Spanish).

Lead Goal: FTF will build a skilled and well prepared childhood development workforce.

Goal: FTF will enhance specialized skills of the early childhood development and health workforce to promote healthy social-emotional development of young children.

Key Measures:

1. Total number and percentage of professionals who work with young children, outside of early care and education, who are working towards their master's degree in Speech, Occupational, Physical Therapy and other appropriate areas of child health development

Target Population:

FY10: Students working on their master's degree in Speech, Physical and Occupational Therapy would be recruited through a Training Grant via a government to government agreement. The scholars would commit to providing three years therapy services to the Santa Cruz Region. English/Spanish bilingual applicants will receive greater consideration in order to meet the high demand for services for children whose primary language is Spanish.

| Proposed Service Numbers | SFY2010 July 1, 2009 – June 30, 2010 | SFY2011 July 1, 2010 – June 30, 2011 | SFY2012 July 1, 2011 - June 30, 2012 |
|--|--|--|--|
| | 5 scholars | 5 scholars | 5 scholars |
| Performance Measures SFY 2010-2012: 1. # of licensed therapists with special emphasis on birth through age five. 2. # of providers of specialized services {i.e. licensed speech language therapists or endorsed infant/toddler mental health specialists} 15 proposed scholars over three years | | | |
| <ul style="list-style-type: none">• How is this strategy building on the service network that currently exists? <p>This strategy creates the infrastructure that will begin to build on a collaborative effort to provide much needed therapy services currently unavailable to children 0-5 in the Santa Cruz region.</p> | | | |
| <ul style="list-style-type: none">• What are the opportunities for collaboration and alignment? <p>This is a statewide need and opportunities to collaborate with other regions such as Cochise and South Pima would create a win-win-win proposition.</p> | | | |
| SFY2010 Expenditure Plan for Proposed Strategy | | | |
| Population-based Allocation for proposed strategy | | \$46,057 | |
| Budget Justification: Potential costs to implement this strategy include: One year tuition and fees (In-State) \$8,374 X 5 scholars in the first year = <u>\$41,870</u> Administrative fees = <u>\$4187</u> Note: By doing the “Training Grant” as part of the agreement with the university, students would avoid paying Out of State Tuition which would more than double the cost of tuition. | | | |

Strategy #6 :

Expand access to early childhood courses for teen parents and high school students

The Santa Cruz Regional Partnership Council through the Needs and Assets assessment revealed that there is a high concentration of teen parents in the two largest communities in the region, Nogales and Rio Rico. This information, coupled with the fact that Santa Cruz lacks a skilled, prepared workforce who do not have even the minimum certification requirements to work in a child care setting, caused the Regional Partnership Council to seek a “grow your own” strategy to assist the region in moving toward the creation of a skilled, prepared, more highly qualified child care workforce who would eventually work in Quality First! centers and may choose to go to college with a TEACH scholarship. This strategy provides opportunities for local community colleges to teach courses toward early childhood education certification for high school students in the lower socioeconomic levels. It builds and expands what the local community colleagues are already doing to help adults in the child care workforce.

As part of their coursework, this strategy will encourage high school students to observe and/or carry out an internship in either a Quality First! or accredited child care setting. Doing this prepares them to enter the workforce at the minimum level required by child care licensing regulatory requirements. It also affords them the experience of moving beyond minimums to higher quality experiences with children. It incentivizes high school students to participate by providing a three semester tuition and cost reimbursement for books or for their own child care when they are in class, observing settings or serving as interns. Even if high school students do not begin working in a child care setting after completing courses, this strategy seeks to provide a venue for the teen parent’s own education in early childhood development that will assist them in understanding and parenting their own child now and in the years to come.

Lead Goal: FTF will build a skilled and well prepared childhood development workforce.

Key Measures:

1. Total number and percentage of professionals working in early childhood development who are pursuing a credential or degree

Target Population: This strategy proposes to reach high school students interested in early childhood education. It also targets teen parents who either are no longer in high school or

are completing high school, high school diploma or technical school in the Santa Cruz Region.

FY10: This strategy would be implemented throughout the Santa Cruz Region targeting the existing child care workforce.

| Proposed Service Numbers | SFY2010 July 1, 2009 – June 30, 2010 | SFY2011 July 1, 2010 – June 30, 2011 | SFY2012 July 1, 2011 - June 30, 2012 |
|--------------------------|--|--|--|
| | 25 students | 25 students | 25 students |

Performance Measures SFY 2010-2012:

1. # of students graduating with a child development certificate /25 proposed service numbers

- How is this strategy building on the service network that currently exists?

This strategy capitalizes on the existence of a local community college system that offers several courses in early childhood development and provides a certificate in early childhood education. This enables students to work in regional child care centers in need of workers with a minimum certificate. The Regional Partnership Council is building on the infrastructure elements established by FTF Board with Quality First! and TEACH to improve the quality of early care and education in the Santa Cruz Region.

- What are the opportunities for collaboration and alignment?

The TEACH Early Childhood Arizona program will provide model for agreements with local colleges providing ECE certification programs.

SFY2010 Expenditure Plan for Proposed Strategy

| | |
|---|-----------|
| Population-based Allocation for proposed strategy | \$ 46,200 |
|---|-----------|

Budget Justification:

The Santa Cruz Regional Partnership Council will offer the tuition scholarships to 25 new early childhood education students. Local branch of Community College provided the tuition numbers per semester per student as follows:

\$1400 per 3 “semesters” fall, spring, summer for 25 students (includes books) = \$35,000

10 students receive an additional \$700 for child care x 10 = \$7,000

Total scholarship fund: \$42,000

Administrative costs = \$4,200

Strategy #7:

Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities.

Specifically the Regional Partnership Council will focus on the following:

The need to work in collaboration with the FTF communications plan to implement a community awareness campaign to build public and political will necessary to make early childhood development and health one of Arizona's top priorities. The Santa Cruz Regional Partnership Council recognizes the need to:

1. Engage families, community organizations, business, faith-based groups and medical institutions in community mobilization efforts to promote early childhood development and health in the Santa Cruz region.
2. Advocate for public policy change and increased resources on behalf of young children and their families.
3. Develop a regional census count awareness campaign to facilitate more participation in the next census count from local families to support an accurate count of children 0-5 in the Santa Cruz Region.

Lead Goal: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

Key Measures:

1. Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters
2. Total new funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

Target Population:

FY10: This strategy will target the region's entire population. Upon completion of the development of this strategy, the target groups such as business, faith based, health professionals, etc. will be determined and be the initial focus of the awareness campaign. In addition, the service numbers and performance measures will be set after the strategy is developed in full partnership with the Regional Councils and State Board.

| Proposed Service Numbers | SFY2010 July 1, 2009 - June 30, 2010 | SFY2011 July 1, 2010 – June 30, 2011 | SFY2012 July 1, 2011 - June 30, 2012 |
|--------------------------|--|--|--|
| | TBD | TBD | TBD |

Performance Measures SFY 2010-2012:

1. The potential for the performance of the local grass roots strategy for communications will be intelligently aligned with the state performance measures once released.

- How is this strategy building on the service network that currently exists?

The Santa Cruz Region currently offers only minimal and basic means of mass media resources. There is a regional newspaper which is printed in English and has a wide readership. There is a Santa Cruz Superintendent's newsletter published quarterly with a wide reach to parents. A bilingual radio station transmits news and information to both Nogales Arizona and Nogales Sonora. It has the largest reach in the region. The Santa Cruz Regional Partnership Council members belong to a variety of service clubs in the region which is an effective and culturally accepted way of promoting goods and services. This strategy will plug into those already existing means of communication in Santa Cruz and will encourage collaborations and developing community relations with existing networks. Further, this strategy is to be aligned directly and collaboratively with the statewide communications plan.

- What are the opportunities for collaboration and alignment?

| | |
|---|-----------|
| To work with existing regional networks including cross regional council and state communications plans. | |
| SFY2010 Expenditure Plan for Proposed Strategy | |
| Population-based Allocation for proposed strategy | \$100,000 |
| Budget Justification: Santa Cruz Regional Partnership Council allocated <u>\$50,000</u> for the media campaign to be used for the region and <u>\$50,000</u> to be shared with the statewide strategic plan for media communications as well as the cross regional media efforts. | |

IV. Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)

| | |
|---|-----------|
| Revenue | |
| Population Based Allocation SFY2010 | \$913,861 |
| Expenditure Plan for SFY2010 Allocation | |
| Strategy 1-Child Care Health Consultation | \$100,000 |
| Strategy 2-Expand Paraprofessional <i>Promotora</i> family services | \$336,600 |
| Strategy 3-Oral Health | \$74,800 |

Santa Cruz Regional Partnership Council
REGIONAL COUNCIL 2010 Allocation: \$913,861

| | |
|---|------------------|
| Strategy 4-TEACH | \$129,000 |
| Strategy 5-Scholarships for S/L, OT, PT students | \$46,057 |
| Strategy 6-Expand access to ECE Courses for new students | \$46,200 |
| Strategy 7-Communications | \$100,000 |
| Evaluation and Regional Needs and Assets | \$50,000 |
| | |
| Subtotal of Expenditures | \$882,657 |
| Fund Balance (undistributed regional allocation in SFY2010)* | \$31,204 |
| Grand Total (Add Subtotal and Fund Balance) | \$913,861 |

This three year expenditure plan assumes a stable regional allocation of \$913,861. However, the population of children birth through five in Santa Cruz has seen a fluctuation in the past three years which makes the stability of the population and poverty based formula somewhat unpredictable for the next few years. This is one reason to build in a slight fund balance. In addition, some of the strategies may have increased service levels over the three years, so the fund balance allows for this growth while maintaining funding for each strategy.

**V. Building the Early Childhood System and Sustainability – Three Year Expenditure Plan:
July 1, 2010 through June 30, 2012**

Santa Cruz Regional Partnership Council
REGIONAL COUNCIL 2010 Allocation: \$913,861

| Revenue | FY 2010 | FY 2011 (estimated) | FY 2012 (estimated) | Total |
|---|-----------|------------------------|------------------------|-------------|
| Population Based Allocation | \$913,861 | \$913,861 | \$913,861 | \$913,861 |
| Fund Balance (carry forward from previous SFY) | \$0 | \$31,204 | \$62,408 | |
| | | | | |
| Expenditure Plan | FY 2010 | FY 2011 | FY 2012 | Total |
| Strategy 1: Child Care Health Consultation | \$100,000 | \$100,000 | \$100,000 | \$300,000 |
| Strategy 2: Expand Paraprofessional "Promotora" Family Services | \$336,600 | \$336,600 | \$336,600 | \$1,009,800 |
| Strategy 3: Oral Health | \$74,800 | \$74,800 | \$74,800 | \$224,400 |
| Strategy 4 T.E.A.C.H. | \$129,000 | \$129,000 | \$129,000 | \$387,000 |
| Strategy 5: Scholarships for S/L, OT, PT students | \$46,057 | \$46,057 | \$46,057 | \$138,171 |
| Strategy 6: Expand Access to ECE Courses for New Students | \$46,200 | \$46,200 | \$46,200 | \$138,600 |
| Strategy 7: Communications | \$100,000 | \$100,000 | \$100,000 | \$300,000 |
| Regional Needs & Assets and Evaluation | \$50,000 | \$50,000 | \$50,000 | \$150,000 |
| | | | | \$0 |
| Subtotal Expenditures | \$882,657 | \$882,657 | \$882,657 | \$2,647,971 |
| Fund Balance* (undistributed regional allocation) | \$31,204 | \$62,408 | \$93,612 | |
| Grand Total | \$913,861 | \$945,065 | \$976,269 | |

Santa Cruz Regional Partnership Council is maintaining the level of service recommended from year one in SFY 2011 and 2012. The fund balance grows to address any declines in the regional allocation and to ensure sustainability of the strategies over the three years.

Southeast Arizona Councils are partnering in these three areas: Communication, Evaluation and Needs and Asset Reports because we understand the importance of coordinating these activities from a regionally-based standpoint which goes beyond what the state's scope of work is able to provide for these items.

VI. Discretionary and Public/Private Funds

The Santa Cruz Regional Partnership Council has identified the areas of concern of teen parents and nutrition counseling, both pre and post natal. Following our initial year of funding, we will evaluate how these areas can be addressed, either through support from foundations/public resources or requests for discretionary dollars from the state.